

PATENT (U.S.A.)
 ATTORNEY'S DOCKET NO. 57243-5007

☒ ORIGINAL
☐ CONTINUATION
☐ DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-4, of the invention entitled:

QUALITY RATING TOOL FOR THE HEALTH CARE INDUSTRY

Which is described and claimed in:

- ☒ the attached specification or
☐ the specification in application Serial No. _____ filed _____ ☐ as amended on _____ (if applicable)
 (for declaration not accompanying application)

and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day/month/year)	PRIORITY CLAIMED UNDER 35 UCS §119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, §119(s) of any United States provisional application(s) listed below:

APPLICATION SERIAL NO.	FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §120, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS

Send correspondence to: Rod S. Berman, Esq.
 JEFFER, MANGELS, BUTLER & MARMARO LLP
 Tenth Floor
 2121 Avenue of the Stars
 Los Angeles, California 90067

DIRECT TELEPHONE CALLS TO: Rod S. Berman
 (Name and telephone number) (310) 203-8080

1	Name of Inventor	LAST NAME HO	FIRST NAME Samuel	MIDDLE NAME W.	Residence: CITY Manhattan Beach	STATE or COUNTRY California
	Post Office Address 4220 Ocean Drive				CITIZENSHIP USA	
	Signature <i>Samuel HO MD</i>			Date 02/02/02		
2	Name of Inventor	LAST NAME	FIRST NAME	MIDDLE NAME	Residence: CITY	STATE or COUNTRY
	Post Office Address				CITIZENSHIP	
	Signature			Date		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

PATENT
57243-5007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Samuel W. HO

Group Art Unit: Not yet assigned

Examiner: Not yet assigned

Serial No. Not yet assigned

Filed: Concurrently herewith

For: QUALITY RATING TOOL FOR THE HEALTH
CARE INDUSTRYPOWER OF ATTORNEY BY ASSIGNEE
AND EXCLUSION OF INVENTOR UNDER 37 C.F.R. §3.71Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

The undersigned Samuel W. Ho is a representative authorized to sign on behalf of the assignee of the entire interest in the above-identified subject application, PacifiCare Health Systems, Inc., and hereby appoints:

ROD S. BERMAN, Reg. No. 31,483, **BERNARD R. GANS**, Reg. No. 27,443, **KATHY MOJIBI**, Reg. No. 41,409, **BRIAN W. KASELL**, Reg. No. 33,522, and **RUPAK NAG**, Reg. No. 37,493 of the firm of Jeffer, Mangels, Butler & Marmaro LLP as its attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor and his attorney in accordance with the provisions of 37 C.F.R. §3.71.

PacifiCare Health Systems, Inc., per 37 C.F.R. §3.73(b), certifies that the evidentiary documents with respect to its ownership have been reviewed and that to the best of the undersigned's knowledge and belief, title is in the assignee seeking this action.

PacifiCare Health Systems, Inc., declares that 100% ownership is established by the assignment

- ☒ filed herewith
☐ filed for recordation on ____
☐ recorded in the U.S. PTO on ____

a copy of which is attached.

Please direct all telephone calls to Rod S. Berman, Esq. at 310-203-8080 and all correspondence relative to said application to the following address:

Rod S. Berman, Esq.
JEFFER, MANGELS, BUTLER & MARMARO LLP
Tenth Floor
2121 Avenue of the Stars
Los Angeles, CA 90067

ASSIGNEE PacifiCare Health Systems, Inc.

Signature

Typed Name Samuel W. Ho

Title

Vice President, Corporate Medical Director

Address

5701 Katella Avenue
Cypress, Ca 90630Date 02/02/02